Receipt

HR No	:	**26418**	Receipt No	:	**050100**
Patient Name	:	**Ms. PUSHKALA HARIHARAN**	Receipt Date	:	**11-11-2026 | 09:25:09 pm**
Age	:	**60Y 7M / Female**			

Received **Rs.Two Hundred And Zero (200)** only from **Mr./ Ms.** PUSHKALA HARIHARAN/ attender on the account of / for the purpose of **er charges** in the mode of **E-Payment - 689297**

Authorized Signatory

This is a system-generated receipt. Therefore, no seal or signature is required.

No.70, Josier Street, Nungambakkam, Chennai - 600 034.
P: +91 44 6903 9999, +91 72990 78999
E : info@vinitahealth.com | **W :** www.vinitahealth.com
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